



COMBINED REVIEW OF HIV/AIDS POLICY AND LEGAL FRAMEWORK AND ASSESSMENT OF FIVE-YEAR IMPLEMENTATION OF HIV/AIDS LAW

STIGMA AND DISCRIMINATION

SUPPLEMENT

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Abbreviations

ART	Antiretroviral Therapy
AIDS	Acquired Immuno-Deficiency Syndrome
CSO	Civil Society Organization
FGD	Focus Group Discussion
FSW	Female Sex Worker
HCMC	Ho Chi Minh City
HIV	Human Immuno-Deficiency Virus
HPI	Health Policy Initiative
IDI	In-Depth Interview
IDU	Injecting Drug User
IEC	Information Education Communication
M&E	Monitoring and Evaluation
MARP	Most At Risk Population
MSM	Men Who Have Sex with Men
OPC	Out-Patient Clinic
PAC	Provincial AIDS Center
PEPFAR	The President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
S&D	Stigma and Discrimination
SW	Sex Worker
USAID	United States Agency for International Development
VAAC	Vietnam Administration for AIDS Control
VCT	Voluntary Counseling and Testing
VND	Vietnamese Dong

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Executive Summary

This report on stigma and discrimination (S&D) is a supplement to the research report entitled “Combined Review of HIV/AIDS Legal and Policy Framework and 5-year Review of Implementation of HIV/AIDS Law” produced by USAID/HPI.

The findings in this report are based on the USAID/HPI combined assessment of the implementation of the Law on HIV/AIDS Prevention and Control (the HIV/AIDS Law) and of the legal and policy framework on HIV/AIDS and related areas of drugs, sex work, and the role of civil society in the HIV/AIDS response in Vietnam.

The assessment and desk review, carried out with the assistance of BDL Company, addressed the domains of prevention, stigma and discrimination, and general HIV/AIDS programming, as covered in the HIV/AIDS Law, the Law on Drug Control, the Ordinance on Prostitution Prevention and Control, and the Law on Handling Administrative Violations.

The research was undertaken to achieve the following specific objectives:

- Identify the relevance, efficiency and implementation of the existing legal documents and policies, including the HIV/AIDS Law;
- Identify any conflicts among existing legal documents as well as their impacts on implementation and barriers for harmonization of these documents relating to HIV/AIDS and relevant issues;
- Propose new legal documents and/or policies for development, or the amendment or supplement of the existing ones to develop a comprehensive, effective and sustainable response to HIV/AIDS;
- Suggest opportunities to strengthen relationships between the Government, the Party, Civil Society Organizations (CSOs), and the other stakeholders for the purpose of advocacy and improvement of policy and legal documents;
- Contribute recommendations for the amendment of the HIV/AIDS Law and relevant legal documents.

Research methods including the objectives, sample size, research questions, data collection, and analysis methods are described in details in the main research report. In this

report, only the results relating to S&D against people living with HIV (PLHIV) and most at risk populations (MARPs) are analyzed and interpreted.

The assessment involved more than 300 respondents in eight provinces, as well as a desk review of 124 legal documents relating to the research theme, and information collected from 118 in-depth interviews (IDIs) and 27 focus group discussions (FGDs) with key informants at the central, provincial, district and commune levels. In particular, opinions of more than 100 beneficiaries, including PLHIV, injecting drug users (IDUs), sex workers (SWs), and men who have sex with men (MSM), provide a relatively comprehensive panorama of S&D in the context of the review of implementation of the HIV/AIDS Law over the past 6 years in Vietnam.

Stigma and discrimination against PLHIV are defined in Article 2, Chapter 1 of the HIV/AIDS Law: *“Stigmatization against an HIV-infected person is an attitude of contempt or disrespect towards another person because of the awareness or suspicion that such person is infected with HIV or has close relationship with an HIV-infected or suspected HIV-infected person”* and *“Discrimination against an HIV-infected person is an act of alienation, refusal, isolation, maltreatment, disgrace, prejudice or restriction of rights towards another person because of the awareness or suspicion that such person is infected with HIV or has close relationship with an HIV-infected or suspected HIV-infected person.”* This conception/definition is the basis for reviewing the HIV/AIDS related legal and policy framework as well as the five year implementation of HIV/AIDS Law in terms of S&D against PLHIV.

Stigma and discrimination against PLHIV is one of four principles of HIV prevention and control as stipulated at Article 3 of the HIV/AIDS Law: *“Elimination of stigma and discrimination against HIV-infected people and their family members; facilitation of HIV-infected people and their family members to participate in social activities, especially in HIV/AIDS prevention and control”*.

In general, the legal framework related to stigma and discrimination against PLHIV has been relatively well established in legal documents in Vietnam, including the 1992 Constitution, the Law on HIV/AIDS Prevention and Control, and Decree 108//2007/NĐ-CP on guiding implementation of the HIV/AIDS law. The recent revision of Decree No. 69/2011/NĐ-CP on handling administrative violations also strengthens law enforcement in terms of combating stigma and discrimination against PLHIV and affected people by specifying fines and other sanctions for people who commit acts of S&D.

The implementation of the HIV/AIDS Law helped to strengthen treatment, care and support, and prevention of HIV/AIDS over the past six years and contributed remarkably to improvements in HIV/AIDS related services, including Information, Education and Communication (IEC). The implementation of the HIV/AIDS Law has resulted in a significant reduction in S&D and helped improve the quality of life of PLHIV. Although significant

progress has been achieved, S&D still exists in many aspect of life of PLHIV and their loved ones, particularly in health care and education settings.

With regard to the existing legal framework, inconsistency is still observed, mainly in the areas of disclosure of HIV status of PLHIV, counseling and testing, and law enforcement. Social policies to support PLHIV and affected children require revisions to ensure that the privacy and confidentiality of PLHIV are respected and protected. Stipulations triggering S&D in existing legal documents should be removed or revised to harmonize policies and legal documents.

The review also calls for effective implementation of the HIV/AIDS Law and law enforcement to reduce S&D, especially the implementation of revised Decree 69 on handling administrative violations in relation to HIV/AIDS.

Key Findings

Consistency, relevance and feasibility of the legal framework relating to stigma and discrimination

The definition of S&D against PLHIV in the HIV/AIDS Law is relevant/consistent with the human rights and civil rights stated at Article 52 in the 1992 Constitution: “*All citizens are equal before the law*” and at Article 17 in the Draft Amended Constitution of 2013(1) “*Everybody is equally protected by law; (2) Nobody is discriminated against in their political, economic, cultural and social life*”.

Under the framework of the Constitution, laws relating to S&D against PLHIV are outlined in Figure 1 below. Stigma and discrimination is not only mentioned in at Articles 8, 9, 10 and 17 of the HIV/AIDS Law, but is also referred to in the Labor Code, Health Insurance Law, Law on Marriage and Families, Law on Sanctioning Administrative Violations, Law on Gender Equality and other legal documents. All laws and derivative legal documents create the legal framework for the implementation of the prohibition of S&D against PLHIV and MARPs.

Figure 1 – Laws relating to S&D against PLHIV and MARPs



“Stigma” and “discrimination” should be clearly differentiated in legal documents

Stigma and discrimination are clearly defined in Article 2 (items 4 and 5) of the HIV/AIDS Law. However, in regard to the function of protection and promotion of human rights, the Constitution defines discrimination at Article 17 of the 1992 Constitution as: *“All citizens are equal before law”*. In the draft Amended Constitution in 2013, there is no provision for “stigma”, but only a provision concerning “discrimination” at Article 17: *“1. Everybody is equally protected by law; 2. Nobody is discriminated in their political, economic, cultural and social life”*. It appears that the 1992 Constitution and the Draft Amended Constitution identify “stigma” as a form of “discrimination”. However, “*stigma*” is attitude while “*discrimination*” is behavior. It also reflects inconsistency between the HIV/AIDS Law and the Constitution.

Regulations about notification of HIV positive test result

Articles 30 and 8 of item 5 in the HIV/AIDS Law stipulate both the persons who are entitled to have access to HIV testing results, and the prohibition of publicizing PLHIV’s information. However, the mechanism for the implementation of this regulation is not feasible and is therefore not a deterrent. The specified fine for those who violate this regulation by purposefully publicizing PLHIV’s information ranges from VND 2,000,000 to 5,000,000 for such acts as: Making public the PLHIV’s name, address and images or disclosing information on a person’s HIV infection status to another without consent of that person; violating the regulation regarding a PLHIV’s name, age, address, etc. However, it is very difficult to fine violators due to a lack of a functioning mechanism for management and sanction of violations.

Regulation regarding PLHIV’s right to confidentiality relating to HIV/AIDS

Article 4 (item 1) of the HIV/AIDS Law stipulates that PLHIV’s are not required to disclose their HIV positive status to other people. However, this provision causes conflict in many instances. For example, PLHIV are entitled to receive a monthly allowance of VND 180,000, but if they want to receive this allowance their HIV positive status must be disclosed to public officials at commune level (non-health workers). It is difficult to execute activities like home visits/support by the local authority, Women’s Union, and other agencies for PLHIV and their families in cases where PLHIV do not want to disclose their status.

Article 4, item 2 in the HIV/AIDS Law stipulates PLHIV’s obligations. In this provision, PLHIV have obligation to *“To inform their HIV positive test result to their spouse or fiancé(e)”*. PLHIV will be fined according to Article 19 if they do not inform their spouse or fiancé(e). The fine for violation in HIV voluntary counseling and testing (VCT) in the Decree No. 69/2011/NĐ-CP by the Government is *“In-cash fine from VND 1,000,000 to 3,000,000 for cases who fail to inform their HIV positive status to their spouse or fiancé(e)”*. This provision

is not feasible because Government Decree No. 69/2011/NĐ-CP has not yet been disseminated to the community and local leaders. Moreover, a fine from VND 1,000,000 to 3,000,000 is insignificant. Lesson learnt from Quang Ninh province and in many other localities show that many PLHIV do not inform their HIV positive status to their spouses or fiancé(e). As a consequence, those couples do not apply any protective measures and many women do not know their HIV positive status until they receive HIV test results when they seek antenatal care.

It is very difficult to differentiate “disclosure” from “making public”

According to item 4 (c), Article 18, Decree No. 69/2011/NĐ-CP on Sanctioning Administrative Violations in terms of preventive medicine, medical environment, and HIV/AIDS: *“Disclosing a PLHIV’s HIV positive status to other people without permission by PLHIV except the cases mentioned in the regulation about notification of HIV test result at Article 30 in HIV/AIDS Law; sanction for violation is VND 10,000,000-15,000,000”* and item 5 (b): *“Publicizing PLHIV’s name, address and image without their permission except the cases mentioned in the regulation about notification of HIV test result at Article 30 in HIV/AIDS Law; sanction for violation is VND 15,000,000-20,000,000 VNĐ”*. It is very difficult to differentiate between “disclosure” and “making public” because the difference between these two behaviors is not large, even though “disclosure” has a smaller scope and occurs at a lower level than “making public”. The difficult distinction between these acts in terms of sanctioning greatly affects the transparency of this legal document and the feasibility of its application.

Regulations sanctioning administrative violations regarding child protection, care and education are inconsistent

Among the documents relating to Article 16, Decree No. 91/2011/NĐ-CP on sanctioning administrative violations regarding child protection, care and education and Article 22, Decree No. 69/2011/NĐ-CP on sanctioning administrative violations regarding preventive medicine, medical environment and HIV/AIDS. Decree No. 91/2011/NĐ-CP dated October 17, 2011 states: *“Any acts of using force, threatening to use force or bullying children to drop out of school; restricting or rejecting access of children whose HIV positive status is known or suspected, or children born to HIV positive parents, to educational establishments incur fines from VND 1,000,000 to 5,000,000”*; According to Decree No. 69/2011/NĐ-CP dated August 8, 2011: *“Any acts that restrain or refuse children access to the national educational establishments because of their HIV positive status will incur fines from VND 5,000,000 to 10,000,000”*. The sanctions in these two Decrees are different and make it difficult to identify which Decree to apply when violations occur.

Regulations that allow AIDS patients in the late stages of the disease to have investigation or suspension of criminal case suspended are inconsistent, unreasonable and infeasible

Article 42, HIV/AIDS Law, the Joint Circular No. 02/2006/TTLT-BCA-BQP-BYT-TANDTC-VKSNDTC guides the execution of some legal regulations regarding the suspension of imprisonment sentence for those who are imprisoned and suffering from severe health problems as does Article 4, Decision No. 96/2007/QĐ-CP on management, care, counseling and treatment for PLHIV. The HIV/AIDS Law grants AIDS patients suspension or temporary suspension of criminal cases according to regulation by law about the Criminal Procedure Code (item 1, Article 42). However, in practice, Joint Circular No. 02/2006/TTLT-BCA-BQP-BYT-TANDTC-VKSNDTC guiding the execution of some legal regulations about suspension of imprisonment sentence for those who are imprisoned and suffering from severe health problems only stipulates suspension of imprisonment, while the HIV/AIDS Law allows temporary suspension of investigation for AIDS patients.

On the other hand, Article 4, Decision No. 96/2007/QĐ-CP on management, care, counseling and treatment for PLHIV states: *“PLHIV are provided with favorable conditions to have access to ARV by families, organizations, individuals and programs or projects as permitted by the competent authority according to professional prescription by physicians”*. In cases of imprisoned PLHIV, access to ARVs may be difficult and lead to interruption of treatment which has implications for drug resistance.

Regulation about compulsory HIV testing for recruits to join the army is inconsistent

Existing legal documents including i) Article 20, Decree No. 108/2007/NĐ-CP, ii) Articles 8, 14 and 15 in HIV/AIDS Law, and iii) Action Plan on HIV/AIDS prevention and control in the armed forces till 2020 with a vision to 2030 which detail execution of some articles of the HIV/AIDS Law are inconsistent. Article 20 in Decree No. 108/2007/NĐ-CP stipulates the list of occupations subject to compulsory HIV test before recruitment including *“Crew members are regulated at Article 72 of Vietnam Law on Civil Aviation or special occupations in national security and defense”*. However, the “Action Plan on HIV/AIDS prevention and control in the armed forces till 2020 with a vision to 2030” goes beyond the regulations of the Law and Decree. The section entitled “Solutions on HIV prevention, detection and handling for HIV infected army men, epidemiological surveillance monitoring and evaluation” states *“continue to implement in a close and consistent way to avoid PLHIV in the army”*. In the spirit of this Action Plan, all citizens are required to have a HIV screening test during recruitment for the army. They are not eligible to join the army unless they are HIV negative. Thus, compulsory HIV screening tests for recruits conflicts with the Decree No. 108/2007/NĐ-CP on occupations requiring HIV screening test for recruitment and violates regulations regarding prevention of stigma and discrimination.

Regulation on recruiting HIV infected employees is inconsistent and unfeasible

Article 14 of the HIV/AIDS Law and Chapter XI in the Labor Code both address the recruitment of PLHIV as employees. Article 14 in the HIV/AIDS Law states: *“The employers are responsible for arranging jobs suitable to health and professional qualification of HIV-infected employees and facilitating employees' participation in HIV/AIDS prevention and control activities. The employers are not allowed to terminate the labor or employment contract of an employee or cause difficulties to this person in his/her work on the ground that such person is infected with HIV.”*

However, in part VI of the 2011 revised Labor Code, there is no regulation on HIV infected employees. The only existing regulation for employees specify adolescents, aged and disabled employees. It is therefore very difficult to ensure the legal rights of HIV infected workers.

Regulation on allowances for PLHIV is unreasonable

Relating to Table 1 in the Decree No. 67/2007/NĐ-CP and Article 2 in Decision No. 313/2005/QĐ-TTg. Table 1 in Decree No. 67/2007/NĐ-CP promulgates that monthly allowances for each PLHIV is VND 180,000. This allowance is a very low, flat rate and changes slowly compared to market price fluctuations.

There is no regulation on registration as a legal entity for PLHIV’s self-help groups or community support groups involved in HIV/AIDS activities

Though Article 19 in the HIV/AIDS Law promulgates participation by CSOs in HIV/AIDS activities, there is no specific regulation about their registration as legal entities. For this reason, PLHIV self-help groups face considerable difficulty in obtaining registration as a legal entity. Without legal status, these groups are not eligible to receive operational budgets. In this situation, they have to operate under projects. If they want to register as a legal entity, they have to register as technology associations, or as a business or household business.

Implementation of the HIV/AIDS Law relating to Stigma and Discrimination against PLHIV and MARPs

In the 1990s, the first cases of HIV/AIDS were detected in Vietnam. As the number of PLHIV rose, the community became more and more prejudiced toward PLHIV. During that time, PLHIV suffered not only from isolation and discrimination by the community and health facilities but also stigma and discrimination by their own family members¹. Fear and isolation toward PLHIV by the community or PLHIV's families resulted from inadequate knowledge about modes of HIV transmission and fear of contracting HIV infection². Simultaneously, images in communication about PLHIV often associated them with a death sentence because there was no cure at that time.

After twenty years of confronting HIV/AIDS, S&D against PLHIV has changed greatly, especially after the issuance of HIV/AIDS Law in 2006. The implementation of the HIV/AIDS Law relating to S&D against PLHIV and MARPs has progressed due to the efforts of relevant ministries, mass organizations and PLHIV themselves.

Information-Education-Communication on HIV/AIDS Law was implemented at four administrative levels (central, provincial, district and commune)

Information, Education and Communication activities help the community have a proper understanding about modes of HIV transmission and measures to protect themselves from HIV infection. Proper knowledge about HIV transmission helps people to be less afraid of being infected by HIV through casual contact. Better knowledge helps improve attitudes towards PLHIV and in turn reduces stigma and discrimination against PLHIV. Over the past six years, the dissemination of the HIV/AIDS Law was undertaken throughout the country using national and international resources. The results of our study show that attitudes of service providers and the public at large have improved.

“Since the HIV/AIDS Law came into effect, we have disseminated the law to the districts, communes, local departments, and sectors. Competitions to study the law are organized for the community to ensure that all citizens have access and are informed about the law”. IDI-Service provider-Hanoi

Stigma and discrimination against PLHIV is reduced

All informants to the research said that stigma and discrimination against PLHIV is much reduced, where one respondent states that *“Roughly, if it used to be 10 parts, it is now only 3 parts...”* (IDI-Service provider, Dien Bien)

¹ UNDP, reduction of stigma and discrimination associated with HIV at workplace in Vietnam, 2004

² Ibid

Similar ideas are observed from the end users/beneficiaries:

“In health facilities, it occurred in the past but in the last 3-4 years there is hardly any stigma or discrimination. Everybody is the same provided that they are patients. Even fanciful “misses” (gays) do not feel embarrassed there.” (FGD-MSM, Hanoi)

Positive comments about prohibiting S&D against PLHIV were observed not only from service providers but also from central policy makers:

“There are so many measures provided and most measures for fighting stigma and discrimination have been carried out, including improvement of PLHIV’s images, not posting negative news about PLHIV, typical PLHIV characters on mass media, greater involvement by PLHIV in activities, establishment of PLHIV groups, organize mutual support among PLHIV, and support for PLHIV’s employment opportunities, etc. All of these solutions are available.” (IDI- Central level policy maker, Hanoi)

HIV/AIDS prevention efforts in past years, especially since the HIV/AIDS Law was passed, have brought significant improvement in awareness about HIV/AIDS amongst the public, leaders, managers, and service providers and helped to reduce stigma and discrimination.

“Regarding S&D against PLHIV, I think in social aspects, it is highly significant and we do it better and better. We do it well because we invest, pour too much money from the State budget as well as from international resources to this thing. I don’t want to discuss much about its efficiency but for a long time, awareness of not only ours but also of the whole society has changed as obviously as “black and white”. The higher the people’s awareness about this thing is, the less S&D occurs”. (IDI-Central level policy maker, Hanoi)

While overt discrimination against PLHIV and their families may have decreased, acts of discrimination, as well as more subtle stigmatization, persist and large percentages of PLHIV report experiencing them.³

Many PLHIV have disclosed their HIV positive status and enjoy normal treatment by the community

Before the HIV/AIDS Law came into effect, PLHIV hardly dared to disclose their HIV positive status. In many cases, they had to move to other residences or work places to hide their secret. Now, PLHIV’s disclosure has become rather common in provinces and cities, especially in areas with high HIV prevalence, reflecting a steady change in the vision of families and community toward PLHIV.

³ USAID/Health Policy Initiative Vietnam. Policy Brief: HIV/AIDS-related stigma and discrimination in Vietnam: legal and policy framework improved but problems remain. Hanoi: August, 2013.

“You and I have not seen each other for a long time. As you can see, I feel very normal now. I think normal because in the past I dared not to stay at home. However, in this area, now everybody knows that I am infected (HIV) but I insist that even though I am a PLHIV, I am able to do everything normally like the other people.” (IDI-PLHIV, Hanoi)

Many PLHIV have gathered together to set up self-help groups with common objectives that create positive images in the society

The number of PLHIV and MARP groups involved in HIV/AIDS activities is growing rapidly in many provinces and cities. Some groups even connect to establish networks not only within their provinces/cities but also at regional levels (e.g. Northern or Southern regions) or nationally. Strong participation by PLHIV and MARPs in HIV/AIDS programs reflects their positive role and its acceptance by the community and counteracts S&D.

“When we organize community events, we invite the local sectors and HIV relevant units and agencies to those events. For example, we are in Hai Ba Trung district, we invite the District Division of Public Security and the agencies in the commune, including commune people’s committee, commune health centers, etc. We organize such sessions to fight S&D against PLHIV. That’s what we do every year. We feel very good. When we have such communication sessions, the way the local people and surrounding community see us also changes”. (IDI- IDU, Hanoi)

In locations where there are many PLHIV and successful HIV/AIDS activities, stigma and discrimination are reduced

Stigma and discrimination against PLHIV is becoming rarer in Quang Ninh province nowadays, however it may still exist for PLHIV who are also IDUs and/or SWs. For example, the research team found that in Quang Ninh education of HIV infected children is not as problematic as in the other provinces/cities like Hanoi or Ho Chi Minh city (HCMC).

Community members know PLHIV’s rights and exert social pressure to fight stigma and discrimination against PLHIV

Currently, through IEC activities about the HIV/AIDS Law, community members know about PLHIV’s rights and therefore attitudes of stigma or behaviours of discrimination against PLHIV are as common any more. In cases where it still exists, it becomes an issue that causes a strong public opinion backlash. This is positive because it shows that communities are reacting against stigma which makes the people who engage in stigmatizing or discriminatory behavior feel embarrassed and possibly change their attitudes and behavior.

“Two to three years ago, in my living area, a school admitted children but the local people there demonstrated and protested these children’s education at school. However, after visit by the municipal lawyers’ cooperation and intervention by the District People

Committee as well IEC by the health sector, it becomes normal now. In the past, Mai Hoa center sent some HIV infected children to school in an unusual way. Instead of taking these children to school in quiet, they used flags and banners noisily, etc. Parents of the other children were afraid of HIV transmitting to their children so they did not allow their children to go to that school. Now such thing reduces. We try to send the children to school but not in such a noisy way. We send one by one to school. We also explain clearly to the parents that HIV infected children are available not only in that school but also in many others including the international ones, why reaction does not occur in those schools but it occurs here. Then the people gradually recognize it.” (IDI- Service provider, HCMC)

Care and treatment for PLHIV has changed their image in the community and also reduced stigma

As reported by HCMC in our study, care and treatment helped 71% of PLHIV improve their physical status, and 57.6% improve their psychological status. Their quality of life has been also improved, leading to changes of PLHIV’s image in the community. Care, support and treatment networks for PLHIV have spread to the mountainous and coastal areas. People know they can live completely safely with PLHIV if they know how to protect themselves from infection.

“In some places, at the beginning, they often saw PLHIV with skin. However, after some months of ARV therapy, they become healthy as normal. I think such fact also gradually reduces S&D against the patients. If care and treatment are provided to the community, to communes, remote and disadvantaged villages, they will go there to get medicines for treatment normally. Nowadays, it’s the same situation with HIV, we also provide services to the commune. In the past, we only provided at the central and provincial levels.” (IDI- Central level policy maker, Hanoi)

Contributions by CSOs, especially PLHIV groups, towards HIV/AIDS activities supports the reduction of S&D against PLHIV and MARPs

Many non-governmental organizations, community based organizations or voluntary groups have been involved in HIV/AIDS activities. Activities of these organizations are diversified. Some groups provide technical support, others support access to services and act as a link for PLHIV to access to counseling, care services, treatment and harm reduction interventions, etc. Through their activities, these organizations help people infected and affected by HIV have access to care, support, and treatment. As a result, this has changed PLHIV’s image in the community. Local people are no longer afraid and worried when they contact PLHIV and their family members. They even share with and support PLHIV and families.

“The social organizations are more interested in and stigmatize PLHIV less. They have more concerns about providing health care, support PLHIV for one month with some amount of money but PLHIV have to fill in application forms. Such establishments as hospitals, public agencies, youth union do not stigmatize PLHIV like in the past.” (FGD-Female Sex Worker [FSW], Ha Tinh)

Stigma and discrimination against PLHIV stills exists in various forms with no appropriate sanction mechanism

As described in 2.1.1, the current legal framework for prohibition of S&D against PLHIV has made much progress with many specific regulations that facilitate its implementation. However, the actual execution still faces many difficulties.

As noted previously, stigma is an attitude whereas discrimination is behavior. However, it is not easy to prove the existence of S&D. Stigma may be perceived in an unfriendly glance that can only be felt and it is quite difficult to identify. Sometimes it is easy to be understood as “*self-stigma*”. Discrimination is behavior but it may also difficult to prove. In reality, even though many IEC activities have been conducted regarding the HIV/AIDS Law for different target groups in the community and officials of sectors including health workers, “*S&D is a hard problem that cannot be solved overnight.*” (IDI-Service provider, Hanoi)

According to the key informants interviewed during this research, S&D still exists. However it is much more difficult to identify its various forms and to observe than in the past. It still remains in the community, including in health facilities, schools and work places.

Stigma & Discrimination still exists but their forms have changed – S&D is less public, and more subtle and difficult to identify than before

Children often have limited chance to contact or play with the children in their neighborhoods because people are still scared that their children may get infected with HIV while playing if bleeding occurs.

“Such things as shaking hands, talking normally like this, they still talk. However, there exists a certain distance in depth. That means they are still vigilant towards PLHIV.” (FGD-PLHIV, HCMC)

Though such acts as passing the “hot potato” to others or postponement of treatment in health facilities are much reduced, PLHIV still confront attitudes, words, or gestures that show stigma by the surrounding people.

“I am an insider. Some years ago when I had medical examination, I knew that I had the disease and the medical doctors also avoided me. However for the last 2 years, it has been normal. But 2 years ago, when I collected medicines, a guard said, “the neighbor

has a girl with AIDS". That means they do not want to be close with us. They understand but they are still scared". (FGD-PLHIV, Dak Lak)

In their efforts to approach PLHIV, it is still difficult for peer educators to confront stigma in PLHIV families.

"When I visited a PLHIV family, in the first time, the father did not allow me to contact. He kicked the table and asked me "I am working well, why do you come here and investigate like that?" As I was sure that there were 2 PLHIV in that family, I tried to explain to him. On the second day, I went back to his house and told him that it was my duty and I wanted to have his sympathy. He told me that it was because he was in bad temper at that time and he did not understand. He also threatened me that he would report to the provincial authority to arrest me if I disclose their information. They still stigmatize in that way! That was the days in the past. Now they also understand and they told me that they want me to keep it in confidential so that they could do business". (FGD-PLHIV-Dak Lak)

Stigma and Discrimination still occurs in the community, hospitals, schools, and work places when PLHIV disclose their HIV positive status

Article 22, Decree No. 69/2011/NĐ-CP by the Government promulgates sanctions for violation of the law on S&D against PLHIV. Sanctions range from VND 5,000,000 to 10,000,000 for each act such as refusal of recruitment for HIV infected applicants; restraining or refusal of admitting children, schoolchildren, students to the national educational establishments because of their HIV positive status or being PLHIV's family members; refusal to provide medical care services due to known or suspected HIV positive status; or discriminating against PLHIV in care and treatment. However, even though, such refusals and discriminating actions take place, to our knowledge no sanctions have ever been applied in Vietnam.

In hospitals, there have been cases in which PLHIV disclosed their HIV status and then suffered from passing the "hot potato" to medical staff in different departments or referral to higher level of health facility. Outright refusal of treatment is not as blatant as in the past, which shows that health workers clearly know that they are not allowed to stigmatize or discriminate PLHIV under the provisions of the HIV/AIDS Law, but they still stigmatize "underground". In other words, S&D in health facilities is not as "public" as before.

"Both children of mine are not infected with HIV. I got HIV infection when I was pregnant. After that I participated in this project. I feel very happy when I had HIV test post-partum and my child was not infected. When he went to school, during break, their friends did not allow him to play with them. They told him that his father died of AIDS and did not want to play with him. My child went home and asked me why his friends did not play with him". (FGD- FSW, Ha Tinh)

However, in VCT or outpatient clinics (OPC) managed by the international projects, the attitude of staff is positive.

“Especially, health workers in health facilities are very friendly. They have links with projects and services over there are excellent. I have referred many cases and I realize that their attitude is extremely active, caring and provide services free of charge because they receive budget from projects. They are very enthusiastic!” (FGD-MSM, Hanoi)

In the past, people testing HIV positive were often sacked by their employers, or were forced to move to another working place or resigned due to their inferiority complex. Such cases are less common now, but it is still very difficult for PLHIV applicants to find new jobs.

“The second component is dodging in recruitment. When they know someone who is HIV positive, their mouth says that they do not stigmatize but who dare.... I must have test first. If I satisfy the requirements about health, background, technical skills, foreign languages, do you recruit me? If they know I am HIV positive, they do not recruit me. They try to find ways to excuse. PLHIV have an inferiority complex about it so they do not want to strive.” (IDI-Service provider, Hanoi)

Despite the existence of sanctions, in practice, it is very difficult to identify the actual reasons for refusal in the non-recruitment of PLHIV at work places. For this reason, existing regulations are difficult to execute.

Abuse of HIV testing in health facilities without pre-test and post-test counseling to “exclude” the risk of HIV transmission in health facilities violates HIV/AIDS Law but this has not been addressed

“Even in the centers of central hospitals, test is required for surgical interventions. However, such thing is coercive disclosure of HIV status that is not allowed by law. However it is still done from the technical side. Actually, I think it is better for PLHIV to know and prevent in the community. The current practice of testing in the hospitals even makes PLHIV more miserable. I know many cases when their HIV positive status is known to the community, they had to move to the other places to have a normal life.” (IDI-Leadership, Hanoi)

Information from our research shows that it is relatively common that both public and private health facilities ask patients to undergo an HIV test before surgical procedures without pre-test counseling, but there is no sanction for such violations.

Stigma and Discrimination occurs in primary schools against children infected or affected by HIV/AIDS

In most localities involved in this research, S&D against children infected/affected by HIV is still an issue. These children are seated in separate places (sit at separate desks, in a separate classroom or school) because the schools receive pressure from the parents of the other children who may not want their children to attend a school with children infected/affected by HIV.

“The most serious problem is when the children go to school. That’s the problem. That means we do not mention the children’s awareness. Teachers’ awareness is better now. However, awareness of the parents is still poor. Treatment by the schools or teachers is resulted by the parents’ pressure especially in the areas where HIV epidemic exists but communication is inadequate. The same situation happens even in Ha Noi and in Ba Vi district. Children have to learn separately even though sharing classroom does not transmit the virus. In cases there are two or three children in the educational center because their mothers stay there, or HIV infected helpless orphans. The first thing is the community’s awareness about HIV is inadequate or improper, that’s the reason for stigma. Stigma against those children does not mean stigma because we say that relates to drug or prostitution. Children do not have any relation to drug or prostitution, of course. However, the most scaring thing is because we threaten too much and second is that the children’s behaviors are not complete especially among the small ones. That thing creates social pressure. Stigma in this area is the most serious”. (IDI-Service provider, Hanoi)

This issue is difficult to resolve if the schools and the relevant agencies do not implement effective communication measures to ease parents’ exaggerated concerns about the risk of school-based HIV infection.

People living with HIV in urban areas suffer less stigma and discrimination than in rural and mountainous areas

In urban areas, where people’s educational standard is higher and IEC activities about HIV/AIDS Law have been prevalent as well as activities to support awareness raising and knowledge, PLHIV suffer much less S&D. In addition, the independent urban life style puts less pressure on PLHIV and their families. In the mountainous areas with scattered residences, people’s knowledge relating to HIV is limited, and our interviews found that S&D are more common.

“It is still limited among the community in the rural areas. I think the limitation here is rooted in their educational standard, especially in the remote disadvantaged areas of ethnic minorities. Dien Bien is one of provinces with high proportion of ethnic minorities. Thai people make up more than 40%, followed by H’Mong people with 38%, Kinh only make up 19%. Especially, education of the ethnic minorities in the districts or in mountainous areas is limited so they are still scared of PLHIV.” (IDI-Leadership, Điện Biên)

Reduction of S&D against PLHIV is a difficult and time-consuming process

It is not easy for people to modify their behavior, nor can this occur overnight. In fact, it requires much time and effort. The HIV/AIDS Law provides a basis for IEC activities and behavior change regarding S&D. However, dissemination of the HIV/AIDS Law has not reached all communes or all groups and categories of people and the contents of relevant implementing legal documents have not been fully disseminated.

“I think an obvious change can be observed regarding S&D. People’s awareness has improved. However, especially in some rural areas, not only PLHIV but also IDUs or SWs are still shunned. Change also has been observed among the local leaders; however, deep-seated change in the mountainous villagers has not been seen. In some places with good awareness, they support PLHIV with employment opportunity. Otherwise, they shun PLHIV, and even do not allow their children to play or contact with PLHIV. However, I can say that in comparison to the past, there is much progress, but still knowledge is still uneven and it needs much more communication. It should be done better”. (IDI-Service provider, Dak Lak)

Information, education and communication activities to fight S&D should be given priority because they can help to reduce S&D and provide psychosocial support for PLHIV.

Challenges in supervision and monitoring in HIV/AIDS activities contribute to continuing stigma and discrimination

Monitoring and supervision has not been done to date and therefore when discrimination occurs toward PLHIV, it is difficult to show evidence. Monitoring and supervision of the implementation of the HIV/AIDS Law from the central level to provincial, district and commune levels concentrate more on IEC, care, treatment, and harm reduction interventions, rather than S&D. In particular, at the commune level, it is very difficult to monitor the implementation of the HIV/AIDS Law and the relevant documents. In such cases, it is even more difficult for S&D. In practice, monitoring/supervision at the commune level requires extensive resources, which have not been made available.

“Regarding discrimination and stigma against PLHIV, despite the existence of law, handling for the people who discriminate against PLHIV is ineffective. Our law in general does not have effective sanction to reduce the people’s contempt toward PLHIV.” (IDI-Leadership, HCMC)

“Even when someone detects violation in families, in the society, or in agencies they do not know where to go to sue, because in reality, there are no sanctions to handle the people who stigmatize or discriminate. How can you show the evidence if they stigmatize you with glance and treatment? Truly, this law is inadequate and lacks powerful sanctions. In such conditions, it is obvious that without supervisors in the practical implementation, some provisions just lie on paper.” (FGD-IDU, Hanoi)

Many opinions around such questions as who should supervise, monitor, or levy fines and at what governmental level were shared in IDIs and FGDs. These areas are gaps in the legal framework that should be addressed in the future.

PLHIV still self-stigmatize and do not want to disclose their HIV status, causing difficulties in access to and the provision of services

Our research shows that many PLHIV are still afraid of their status being publicly known because many people in the community think that HIV infection is the result of social evils, that PLHIV have unhealthy lifestyles, and they are immoral people. PLHIV in rural areas who have received IEC support know their rights and obligations stated in HIV/AIDS Law, however, most PLHIV have not been that fortunate.

“For the province, stigma against PLHIV by the community has been improved. That means there are many relevant factors leading to stigma: there is no cure for the disease, it is associated with social evils, and has effects on many things. However, the patients also stigmatize themselves. E.g. in Mong Cai, we have an OPC but they come here (Ha Long city) because they are afraid of being disclosed. Though non-HIV infected people say that they consider PLHIV as patients but PLHIV often question where they get the disease from, why they got the disease and what the other people think about them”. (IDI-Leadership, Quang Ninh)

In addition to S&D in the community, PLHIV also stigmatize themselves because of insufficient knowledge about the disease. They do not fully know or understand their rights and obligations as stated in HIV/AIDS Law. It is not easy for them to accept and overcome their circumstances. Some PLHIV who are very sensitive and have an inferiority complex isolate themselves instead of integrating to the community. It is a psychological problem, and associated with the negative impacts of past IEC campaigns where billboards and posters used threatening and terrible images for PLHIV. However, together with reduction of S&D against PLHIV by the community, self-stigma of PLHIV has also been reduced.

“Actually, when first talking about it, their families have an inferiority complex. PLHIV are in the same situation and do not want to be known by many people. There are cases when the children come home but the families try to hide these children. That’s why they are isolated. So, approaches by the local authority and mass organizations are also difficult, not easy with these people.” (FGD-IDU-Quang Ninh)

Many PLHIV are injecting drug users, sex workers and men who have sex with men, so they receive limited care and sympathy from the community

These marginalized groups are still shunned and avoided by the community because they are associated with ‘social evils’. In the eight provinces/cities that participated in

this research, the majority of PLHIV are also IDUs: e.g. Hanoi (61.1%), Dak Lak (41%). However, women who contracted HIV from their husbands receive more sympathy and care from the community.

“I have a feeling that the society still stigmatizes IDUs and SWs. In general, IDUs suffer from more stigma. People do not like IDUs. I got the disease (HIV infection) but I do not have problems like drug addicts. Drug addicts may lead to theft so the people are often vigilant to them and addicts often have more inferiority complexes.” (IDI-PLHIV, HCMC)

Even though IEC on the HIV/AIDS Law and relevant legal documents do not distinguish various groups among PLHIV, in fact many IDUs and SWs do not receive care and support from the community. This however is because people are afraid that if their children come into contact with IDUs they are likely to be seduced into drug abuse, not because of the fear of HIV infection for their children, which may have been stronger in the past.

“The community still stigmatizes IDUs and SWs. The community of the IDUs who have just come back from the drug detoxification centers said, “Oh, an addict in the neighborhood has just come back home. You should close the door carefully and do not allow your children to play with the addicts”. There is one case when an addict came home after 4 years in the detoxification center. He went to a café and met his old friend there. They were happy to greet and shake hands. When he sat down to have a coffee and talk with his friend, his neighbor recognized him, stood up and left the café. It’s because they do not want to play with the drug addicts. They are scared to be “infected” with addiction, seduced or trapped the addicts... It’s also a type of stigma.” (FGD-PLHIV, Quang Ninh)

Social prejudice that links drug use to a bad and difficult-to-change behavior also makes it difficult for IDUs to change their bad image in the eyes of other people. They often suffer from more stigma and discrimination than the other groups.

“For instance, they return to the community and have a good life now. But in case they have any problems in the society, e.g. they have conflicts with someone and somebody calls to the local authority. The local authority immediately says that guy used to use drug, have this mark or something else, so they cannot overcome that threshold because they are already labeled with that name, e.g. your name is A or B. That’s why they are unable to pass over the barrier including IDUs or where the reason is. The reason is that the local authority has the law but the local authority does not understand and does not work well. Some localities work well but this number is very small.” (FGD-IDU, HCMC)

It is clear that severe S&D against IDUs puts them in even difficult situation, so they shun social support or harm reduction interventions for HIV/AIDS prevention. The principles of S&D prohibition against PLHIV should also be applied to drug users and sex workers.

Men who have sex with men have become more and more open in their behavior in cities such as Hanoi, HCMC, Da Nang, Quang Ninh, and Hai Phong. Among MSM, male

sex workers, have been identified as a key affected population because their risk of HIV infection through anal sex is very high. This group has received harm reduction interventions but due to many social factors, they also confront stigma and discrimination.

“The biggest thing is when they organize communication events, or show. Whenever a blatant guy appears in a program, the woman who is the head of a cluster dislikes people of that gender. If there is one gay who does not need to be blatant and sees an MSM who makes up to show everybody. The head of the cluster will make a phone to the leader of the cluster, and then the police will come and “work” immediately.” (FGD-MSM, HCMC)

Homosexual and transgender people also face difficulties. They may easily be arrested by the police in public places after 11.00 pm if they do not have identification cards with them. They are also frequently disrespected in public and in mass media coverage. They may lose their civil rights and do not dare to disclose their health status in order to access and use health services.

“In many instances when using medical services I of course disclose my information. So, that barrier is the reason why many MSM are afraid of their HIV status being disclosed when they use medical services. When they have test, they know that their test result is positive; again they dare not to register for early treatment to have good results. So they have to hide their status instead. They often seek for medical services when their health status is too severe and treatment becomes much more difficult. From that point we can say that law still has something unclear for this group. That’s why they always feel that they are an unusual group.” (FGD-MSM, HCMC)

It should be noted that there is no legal document relating to harm reduction interventions mentioning homosexual and transgender people.

No administrative sanctions have been imposed so far for S&D against PLHIV

Decree No. 69/2011/NĐ-CP by the Government: Regulation on Handling Administrative Violation in terms of preventive medicine, medical environment and HIV/AIDS has not been disseminated to the commune level for commune health workers and commune people's committees. Most informants in the research at commune level do not know about the existence of sanctions for acts of S&D against PLHIV. For example, Article 22 in Decree No. 69/2011/NĐ-CP states, *“In-cash fine from VND 5,000,000 to 10,000,000 for restraining or refusal children, schoolchildren, students, trainees to the national education establishments with a reason that they are PLHIV or members of PLHIV families”*. However, it is the case that in some provinces/cities, children infected/affected by HIV cannot go to school together with the other children of their age.

“There are specific cases of discrimination but finally nobody is fined. E.g. who will be fined if HIV infected children are brought to school but they are refused by the school?”

Nobody is fined. They say that it's because the parents of the other children do not agree. So, end of the day, it is impossible to fine the parents.” (IDI-Policy maker, 50-Central)

It is possible that people are not fined because the legal document about sanctions was recently issued and it has not been broadly disseminated. In practice, it is very difficult to have sufficient evidence to fine.

“How can these members recognize that you stigmatized and discriminated against us? It's because there is no specific regulation about it. How can I take photo of your glance and say that your glance shows your contempt towards me or maltreatment of me? Another case is a PLHIV had a broken leg. In such case, he could not go to HIV Department; he had to go to the Injury-Orthopaedic Department. When they tested him and realized that he was HIV positive, they asked him to lie there and wait or refer to the other hospital. Many cases were referred to the other health facilities. It's also an act of discrimination because the health worker does not admit and provide medical services immediately. However, there is no evidence to show that a medical doctor or health worker did not treat me as required. That means, it is clearly stated and mentioned it in the law but it does not clarify which one is stigma and which one is discrimination.” (IDI-PLHIV, Dong Thap)

Universal precautions are not well implemented in health facilities. Staff simply pay attention to detecting PLHIV for the prevention of HIV transmission to themselves, instead of considering the full prevention package to avoid further infections in the community at large. Universal prevention of HIV transmission by health providers should be strengthened in the future.

Lack of legal aid centers for PLHIV in provinces/cities

In June 2006, the National Assembly adopted the Legal Aid Law, which has been in effect since the 1st of January 2007. The law provides for free legal aid services for people who are eligible for social aid benefits. Decree 07/2007/NĐ-CP, which guides the implementation of the Legal Aid Law, stipulates that only “*HIV infected people who lose civil capacity [or are] homeless*” are eligible for free legal aid. This clause makes the majority of PLHIV ineligible for free legal aid services and prevents them from seeking legal aid support.

So far, HIV/AIDS legal aid centers have been mainly provided by HIV supported projects and mostly cover big cities with high HIV prevalence including Hanoi, Ho Chi Minh City, Hai Phong, Quang Ninh, An Giang, and Nghe An. It appears that there are very few people or organizations that will proactively defend PLHIV when their rights are violated. People infected and affected by HIV/AIDS need legal support to protect their rights, especially when they face S&D related to their HIV status

“We are representatives of PLHIV. We really need legal supporting centers reserved for PLHIV especially with involvement by PLHIV in those centers. Actually, many PLHIV are living in difficult circumstance. Their children go to school or maybe do not go to school. Now they take their children to school, the teachers and school accept, but the parents disagree. The parents say that, “if the school admit the children of ‘that person’, we will take our children to the other school”. That’s the difficulty PLHIV like us do now know who to ask for help. On the other hand, nobody is proactive to defend PLHIV. E.g. when I work in a factory or company, if the employers know my HIV positive status by chance, they will try to find any reason to sack me. I face much difficulty. I think there should be a legal support center for PLHIV in Da Nang city.” (FGD-PLHIV-Da Nang)

The expressed need for legal support and other social support for PLHIV and other MARPs is high, especially relating to S&D against these groups. However, legal support centers are only established in some big cities and only partially meet the needs of PLHIV.

Conclusions

Stigma and discrimination are key challenges and obstacles in the response to HIV/AIDS. Stigma and discrimination discourage PLHIV and MARPs from discussing risks, practicing safe behaviors, and accessing needed services. Findings from research in the eight selected provinces/cities show that:

- The legal framework relating to S&D against PLHIV is generally adequate, and the implementation of the HIV/AIDS Law and relevant legal documents has somewhat reduced stigma and discrimination;
- Treatment, care and support for PLHIV and other affected people as well as harm reduction interventions for HIV/AIDS prevention have changed the awareness and knowledge regarding HIV/AIDS prevention amongst the community and PLHIV as well;
- Stigma and discrimination against PLHIV has declined since the issuance of the HIV/AIDS Law. There are not many public discussed S&D cases but S&D still does occur in schools, work places, health facilities, families and in the community in different forms.
- Children still suffer from S&D at schools but there are not powerful and effective solutions to this problem. The Ministry of Education and Training and the Ministry of Health should have specific projects to address this problem at the root cause as provided by law.
- PLHIV in urban areas suffer less from S&D than PLHIV in rural and mountainous areas. Addressing this would require strengthening IEC in both quantity and quality to effectively change the situation.
- Socially, HIV infected IDUs and SWs sometimes are stigmatized, shunned and discriminated by the community, in large part because of their drug use/sex work status rather than because they are PLHIV.
- In the Ordinance on Sanctioning Administrative Violations, drug use is still an administrative violation and drug users may still be subject to compulsory detention. This is a barrier to the effective provision of HIV related services to this MARP group.
- Provisions exist regarding “Support in employment opportunities, etc.” for PLHIV, but the feasibility is very low. In fact, public agencies, and enterprises often try to find a “good excuse” or “do not recruit” PLHIV, but they are not fined.

- Prohibition of S&D against PLHIV is sufficient in terms of the legal framework but the guidelines on sanctions have only recently been issued so they have not been disseminated to all localities, specifically at the commune level. As a consequence, to date no location/organization/agency has applied these sanctions.
- Effectively prohibiting S&D requires both adequate legal tools and the interest and support of the local authorities, professional agencies, CSOs and PLHIV as well as other people affected by HIV.
- Some articles in the existing legal framework may lead to stigma and discrimination, especially “*Rights to have their privacy related to HIV/AIDS kept confidential*” (Article 4 – HIV/AIDS Law) conflicts with “*Elimination of S&D against PLHIV’s family members*” (Article 3 – HIV/AIDS Law). In our opinion, when PLHIV keep their status a secret, the more stigma and discrimination the group suffers from the community which in turn impedes effective HIV/AIDS related care, support, treatment, and prevention. Therefore, PLHIV should be encouraged to disclose their HIV positive status and be considered as patients with a chronic disease. In that way, stigma and discrimination may be further reduced.

Recommendations

Recommendations relating to the legal framework

- The proposed draft to amend the Constitution of 1992 states: “*Nobody is stigmatized or discriminated in their political, civil, economic, cultural, social life regardless their ethnicity, age, language, religion, origin or social position, wealth, residence, health status, physical status or any other reasons*”.⁴ All possible efforts should be made to advocate for adoption and approval of this stipulation in the amended Constitution.
- There should be more powerful sanctions for those who do not disclose their HIV status to their sexual partners.
- There should be regulations prohibiting S&D against drug users, sex workers, homosexual and transgender people.
- Effectively including C&T for PLHIV in the Vietnam Social Security sponsored Social Health Insurance will ensure that PLHIV can use their cards to obtain care at public facilities without being passed around like a “hot potato”. The first step would be for the government of Vietnam to bring together the different stakeholders to agree on a sustainable national response to the financing of HIV/AIDS prevention, care and

⁴ Opinions collected from the marginalized groups in the Consultative workshop for amendment of the Constitution, Hanoi, 2013

treatment. For specifics on suggested legal modifications please see, “*Sustainable Financing of HIV/AIDS services for PLHIV in Vietnam – the contribution of Social Health Insurance: A Pilot Model for Ninh Binh and Dong Thap Provinces.*”

Recommendations relating to implementation of the HIV/AIDS Law

- Information, Education and Communication should continue to play the leading role in disseminating Laws regarding the rights and obligations of PLHIV, responsibilities of the community, the best solutions to share responsibilities/obligations. This will guide the community's cultural behaviours and reduce discrimination against PLHIV.
- Enforcement should be strengthened to better implement Decree No. 69/2011/NĐ-CP on handling administrative violations in the areas of preventive medicine, health care, and HIV/AIDS. This could be achieved by ensuring effective dissemination of the legal document to every level of ministries, provinces, sectors. Subsequently, provincial legislation departments should be instructed to develop guidelines for implementing the law in their province.
- Strengthen care and treatment for PLHIV and harm reduction interventions in HIV prevention because IEC efforts themselves are not enough to eliminate stigma and discrimination. We suggest a re-structuring of human resources, providing and maintaining adequate financial support, as well as promoting the integration of nation health national programs which will enhance sustainability.
- Strengthen supervision and monitoring of HIV/AIDS activities and apply sanctions for those who stigmatize and discriminate against PLHIV and MARPs. Stigma and Discrimination should be a section in periodical reports (monthly, quarterly or annually) on HIV program at every level and in all organizations.
- Strengthen the legal aid centres in all provinces/cities throughout the country. These centers should be considered an integral part of the national HIV/AIDS program, coordinated by PACs at provincial level. Once established, provincial authorities should announce the availability of services in at a broad scale, including contact details of these centres, so that PLHIV, MARPs and their families can access these legal support when needed.

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